ARIZONA	HAZARDOUS	WASTE	MANIFEST
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Print or type all information on this form

SFUND RECORDS CTR 0222-90618

PICK UP ADDRESS 109 N 55 th and plan. 85063 Number Street City Zip TELEPHONE NO. 202-2631 ADHS Facility # N/A (if applicable) TYPE OF PROCESS STURAGE TANK SLUDGE WHICH PRODUCED WASTE 2165 ec SIC # 29// DESCRIPTION OF WASTE (must be filled out by Producer) Check type of waste: 1. acid solution X 8. tank bottom sediment	
PICK UP ADDRESS 109 N 55 th, ave plan. 85063 Number Street City Zip TELEPHONE NO. 202-2631 ADHS Facility # N/A (if applicable) TYPE OF PROCESS STOCAGE TAVE SLUDGE WHICH PRODUCED WASTE 2165 ec SIC # 27// DESCRIPTION OF WASTE (must be filled our by Producer) Check type of waste:	
Number Street City Zip TELEPHONE NO. 202-2631 ADHS Facility # N/A (if applicable) TYPE OF PROCESS STOCAGE TAVE SLUDGE WHICH PRODUCED WASTE 2165 ec SIC # 27// DESCRIPTION OF WASTE (must be filled our by Producer) Check type of waste:	
(if applicable) TYPE OF PROCESS STUCAGE TANK SLUDGE WHICH PRODUCED WASTE DIESEC SIC # 29// DESCRIPTION OF WASTE (must be filled our by Producer) Check type of waste:	
(if applicable) TYPE OF PROCESS STURAGE TANK SLUDGE WHICH PRODUCED WASTE DIESEC SIC # 29// DESCRIPTION OF WASTE (must be filled our by Producer) Check type of waste:	
WHICH PRODUCED WASTE DIESEC SIC # 27// DESCRIPTION OF WASTE (must be filled our by Producer) Check type of waste:	e e principalitation de la constantia
WHICH PRODUCED WASTE OF SIC # 27// DESCRIPTION OF WASTE (must be filled our by Producer) Check type of waste:	1. 注册的编制
DESCRIPTION OF WASTE (must be filled our by Producer) Check type of waste:	
3. pesticides	er tead á la F _{ara}
4. paint sludge	
2. alkaline solution 9. oil 3. pesticides 10. drilling mud 4. paint sludge 11. contaminated soil 7 sand 5. solvent 12. carmery wastes 6. tetraethyl lead sludge 13. latex waste 7. chemical toilet waste 14. mud and water	
	, , , , , , , , , , , , , , , , , , , ,
Other (specify)	
COMPONENTS: CONCENTRATION	•
(Examples: Hydrochloric acid,	•
lime, caustic socia solvents upper lower % ppm (lists), metals (lists)).	
1. WATER 85±	
2. 54 00	
3. Rist (FEDOS) 4. H.C. (Clo to CIL) 5	• •
5	
6. HAZARDOUS PROPERTIES OF WASTE:	•
pH None Toxic Flammable corrosive explosive	
Bulk volume / gal. 1000 tons barrels other (42 gal) (specify)	
Containers drums cartons bags other Buck	
(number) (specify) Physical State: solid liquid sludge other	
(specity)	
SPECIAL MANDLING INSTRUCTIONS (If any)	
	0000==
	8000066
DATE 10-9-79 SIGNATURE RE COURCE	

Œ.	ADHS APPROVAL //
	DISPOSAL AT: (Site) dissayanna
	(Area of site) // //+//
	1. 1. 1/02
	APPROVED BY: ARIZONA DEPARTMENT OF HEALTH SERVICES
	DATE: Y Wetaker 79

_	WALL ED OF 1140TE 21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
I.	HAULER OF WASTE (Mist be filled out by Hauler)
	NAME ARIZONA KEINERSULA COSTR
:	BUSINESS ADDRESS 125 N. S5 ¹¹ AVE PHOSNIX AZ 85043 Number Street ₁₀₁ , City Zip
•	TELEPHONE NO. 269-6106 PICK UP 10/8/79 TIME am 3 pm
	JOB NO. Shall NO. OF LOADS/TRIPS (Date) 1 VEHICLE LIC. #25J-61
	VEHICLE: Vacuum Truck X Flatbed Other
	(specify)
	The described waste was hauled by me to the disposal facility named below and was accepted.
	() ()
	I CERTIFY THAT THE FOREGOING IS TRUE AND CORRECT
	Signature of authorized agent and title
	klakklak
7.	HAZARDOUS WASTE FACILITY (Must be filled in by Facility)
	SITE ADDRESS HASSING MPA LANDFILL TO ADHS PERMIT NO. N/A
	QUANTITY MEASURED AT SITE (If applicable)
	The above-named hauler delivered the described waste to this facility and was
	accepted this date.
	Late that
	Signature of authorized agent and title Date
	The state of the s

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Print or type all information on this form

PRODUCER OF WASTE (Must be filled out by Producer)	
NAME Shell OIL CO.	
PICK UP ADDRESS 109 N. 55th, Ave Phoe. 85063	
Number Street City Zip	
TELEPHONE NO. 277-2631 ADHS Facility # N/A	- ; - ;
(if applicable)	
TYPE OF PROCESS STORAGE TANK SCIDE	
WHICH PRODUCED WASTE CIESEL SIC # 27//	
DESCRIPTION OF WASTE (must be filled our by Producer) Check type of waste:	
1 gold columnia X 9 temls hatten codiment	
2. alkaline solution 9. oil	
3. pesticides10. drilling mud	
2. alkaline solution 9. oil 3. pesticides 10. drilling mud 4. paint sludge 11. contaminated soil 7 sand 5. solvent 12. carmery wastes	
6. tetraethyl lead sludge 13. latex waste	
2. alkaline solution 9. oil 3. pesticides 10. drilling mud 4. paint sludge 11. contaminated soil 7 sand 5. solvent 12. carnery wastes 6. tetraethyl lead sludge 13. latex waste 7. chemical toilet waste 14. mud and water	
Other (specify)	
Other (specify)	•
	• . •
CCMPCNENIS: CONCENTRATION	
(Examples: Hydrochloric acid,	
lime, caustic soda solvents upper lower % ppm	
(lists), metals (lists)).	
1. WATER	•
3. RUST (FED 03] 5	-
1. WATEK 85 [±] 2. SAND 5 3. RUST(FED C3) 5 4. H-C. (CICTICIE) 5	
5.	-
HAZARDOUS PROPERTIES OF WASTE: NONE (NOT HAZARDOUS BY USA	L DEFINATI
ph_ None_ Toxic Flammable corrosive explosive	. :
Bulk volume v gal. govetons barrels other	•
Containers drums cartons bags other Bulk	
(number) (specily)	•
Physical State: solid liquid sludge other	<u>.</u> (1402)
(specify)	
SPECIAL MANDLING INSTRUCTIONS (If any)	-
	-
	-
I certify that the above waste is accurately described.	00000
DATE 10-9-79 SIGNATURE RE Carosell-	800000

Bureau of Sanitati-, 411 No. 24th Street Fhoenik Telephone Number 255-1160

I. ADHS	S APPROVAL //
	DISPOSAL AT: (Site) / Lassana
	(Area of site) P_{t} #/
	APPROVED BY: SMILT XMACEL
	ARIZONA DEPARIMENT OF HEALTH SERVICES
	DATE: 91/06/2019

I. HAU	LER OF WASTE (Mist be filled out by Hauler)
	NAME No. 1812st Sum GNR.
	BUSINESS ADDRESS /25 N 55th Aur PHOENIX At 85043 Number Street // City Zip
	TELEPHONE NO. 269-6106 PICK UP 10/1/79, TIME am /2 pm
	JOB NO. Skil NO. OF LOADS/TRIPS (Pate) 2 VEHICLE LIC. #255-61
	VEHICLE: Vacuum Truck X Flatbed Other (specify)
	The described waste was hauled by me to the disposal facility named below and
	was accepted.
	I CERTIFY THAT THE FORECOING IS TRUE AND CORRECT
	Signature of authorized agent and title
	kikkkkkk
	ADDOUG MACTE FACILITY OF THE STATE OF THE ST
W. HAZ	ARDOUS WASTE FACILITY (Mist be filled in by Facility)
	SITE ADDRESS HASSOYMAN LANDFILL ADHS PERMIT NO. N/A
	QUANTITY MEASURED AT SITE (If applicable)
	The above-named hauler delivered the described waste to this facility and was accepted this date.
	Signature of authorized agent and title Date

ARIZONA HAZARDOUS WASTE MANIFEST

Print or type all information on this form

PROI	DUCER OF WASTE (Must be filled out by Producer) /	
	NAME 56811 016 CO.	
	PICK UP ADDRESS 109 N. 55th Ave Phoef 85063	
·	Number Street City Zip	
	TELEPHONE NO. 272-263/ ADHS Facility # N/A SEE	
	TYPE OF PROCESS STORAGE TANK SLUDGE	
	WHICH PRODUCED WASTE DIESEL SICH 29//	
DESC	RIPTION OF WASTE (must be filled our by Producer)	
	k type of waste:	
_	1. acid solution X 8. tank bottom sediment	
	2. alkaline solution 3. pesticides 4. paint sludge 5. solvent 6. tetraethyl lead sludge 7. chemical toilet waste 2. carriery wastes 3. chemical toilet waste 3. carriery wastes 4. my and water	
	4. paint sludge11. contaminated soil 7 sand	
_	5. solvent12. camery wastes	
	7 chemical toiler waste 14 mm and water	
	Other (specify)	
(Exa	ONENIS: /CONCENTRATION mples: Hydrochloric acid, e, caustic soda solvents upper lower % ppm	
	sts), metals (lists)).	
1	WATER 85±	
	RUST (FE2 03)	
7° -	H.C. (c10 & c16)	
5		
6. HA7⊼	RDOUS PROPERTIES OF WASTE: NO. NE CHAT HAZARDOUS BY USDL DEFINE	711
pH -	None Toxic Flammable corresive explosive	
Bulk	volume gal. tons barrels other	
Cont	ainers drums cartons bags other BULK	
	(number) (specify)	
Phys	ical State: solid liquid sludge vother	
	(specity)	
ぐひじつ	IAL HANDLING INSTRUCTIONS (If any)	
SPEC		
	rtify that the above waste is accurately described.	

DEPARIMENT OF HEALTH SERVICES
Bureau of Sanitation
411 No. 24th Street Phoenix
Telephone Number 255-1160

II.	ADHS APPROVAL	
	DISPOSAL AT: (Site) Hasseyam	na J
	(Area of site) // Pit #/	
	Vita	
	APPROVED BY: ARIZONA/DEPARIMENT OF	HEALTH SERVICES
	DATE: 9 artober 79	
	· *******	
	·	: :
III.	HAULER OF WASTE (Must be filled out by Hauler) NAME	
	BUSINESS ADDRESS	
	Number Street	City Zip
	TELEPHONE NO. PICK UP	TIMEpm
	JOB NO. NO. OF LOADS/TRIPS (Date)	VEHICLE LIC. #
	VEHICLE: Vacuum Truck Flatbed	Other
	The described waste was hauled by me to the dispos was accepted.	(specify) al facility named below and
	I CERTIFY THAT THE FOREGOING IS TRUE AND CORRECT	
	Signature of	of authorized agent and title
		• •
	khakkaa	
		<u>र्</u> ष्ट । के
IV.	HAZARDOUS WASTE FACILITY (Must be filled in by Fac	ility)
	STTE ADDRESS	ADHS PERMIT NO. N/A
	QUANTITY MEASURED AT SITE (If applicable)	
	The above-named hauler delivered the described was accepted this date.	te to this facility and was
		•
	Signature of authorized agent and title	Date
	` 	

ADDIT	IONAL COMENTS: Riwon de Void	

Houled under Manifed- # 0264 - Hus manifest not needed for compution of contract

ARIZONA HAZARDOUS WASTE MANIFEST

Print or type all information on this form

VOID	
PRODUCER OF WASTE (Must be filled out by Producer)	· .
NAME Shell OIL CO.	
PICK UP ADDRESS 109 N. 55th ave Phoc 85063	
Number Street City Zip	
TELEPHONE NO. 292-263/ ADHS Facility # N/A (if applicable)	
TYPE OF PROCESS STORAGE TANK SLUDGE	
WHICH PRODUCED WASTE PIESEL SIC # 27//	•
DESCRIPTION OF WASTE (must be filled our by Producer)	1.
Check type of waste: 1. acid solution X 8. tank bottom sediment	
2. alkaline solution 9. oil	
3. pesticides 10. dilling mud	•
2. alkaline solution 9. oil 3. pesticides 10. dilling mud 4. paint sludge 11. contaminated soil 7 sand 5. solvent 12. carmery wastes 6. tetraethyl lead sludge 13. latex waste 7. chemical toilet waste 14. mud and water	
5. Solvent	
7. chemical toilet waste 1 14. mid and water	
D. brine	
Other (specify)	
COMPONENTS: CONCENTRATION	
(Examples: Hydrochloric/acid,	
lime, caustic soda solvents upper lower % ppm	
(lists), metals (lists)).	
1. WATER 85-	
2. SALD 5	
3. RUST (Fez 03) 5 4. If ((CIO to C/6))	ų.
5.	
6.	
HAZARDOUS PROPERTIES OF WASTE: PRK USPL DEF. pH None / Toxic Flammable corrosive explosive	
Bulk volume gal. tons barrels other	
(42 gal) (specify)	
Containers drums cartons bags other Buck	
(number) (specify) Physical State: solid liquid sludge vother	
(specity)	
SPECIAL HANDLING INSTRUCTIONS (If any)	!
	:
	_
I certify that the above waste is accurately described.	80000
DATE 10-9-79 SIGNATURE KE Carosell	

DEPARIMENT OF HEALTH SERVICES
Bureau of Sanitation
411 No. 24th Street Phoenix
Telephone Number 255-1160

II.	ADHS APPROVAL
	DISPOSAL AT: (Site) Hassayampa
	(Area of site) Pit #10
	APPROVED BY: March March
	ARIZONA/DEPARIMENT OF HEALTH SERVICES
	DATE: 9 (Uctober 17

	announce
п.	HAULER OF WASTE (Must be filled out by Hauler)
	NAME
	BUSINESS ADDRESS Number Street City Zip
	TELEPHONE NO. PICK UP TIME am pm
	JOB NO. NO. OF LOADS/TRIPS (Date) VEHICLE LIC. #
	VEHICLE: Vacuum Truck Flatbed Other
	(specify) The described waste was hauled by me to the disposal facility named below and was accepted.
	I CERTIFY THAT THE FOREGOING IS TRUE AND CORRECT
	Signature of authorized agent and title

IV.	HAZARDOUS WASTE FACILITY (Must be filled in by Facility)
	SITE ADDRESS ADHS PERMIT NO. N/A
	QUANTITY MEASURED AT SITE (If applicable)
	The above-named hauler delivered the described waste to this facility and was accepted this date.
	Signature of authorized agent and title Date

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ודדדתו	CNAL COMMENTS: REGION to World

Howled under marikal #0265 - This manifest not needed for completion of contract